



APPLICATION FOR OPTICIAN REGISTRATION

Budget ZZ127

Fund 156

Optician=s Registry

Texas Department of State Health Services

P.O. Box 12197

Austin, Texas 78711-2197

(512) 834-6661

Fax (512) 834-6677

Complete this application for registration as a spectacle dispensing optician or contact lens dispensing optician in accordance with the Opticians=Registry Act, Texas Occupations Code, Chapter 352 (the Act). The Act provides for a **voluntary** system of registration of dispensing opticians in Texas. It is not mandatory under state law that opticians maintain registration under the Act; however, a person may not represent to the public that the person is a *Registered Dispensing Optician*, a *Registered Spectacle Dispenser* or a *Registered Contact Lens Dispenser* unless the person is registered under and complies with the Act.

State law **requires** a permit issued by Texas Department of State Health Services in order to sell, deliver or dispense contact lenses to consumers in Texas. Registration as a dispensing optician under the Opticians=Registry Act does not constitute compliance with the permit requirement in the Texas Contact Lens Prescription Act, Texas Occupations Code, Chapter 353 (effective January 1, 1998). For more information about the mandatory contact lens dispensing permit, call the telephone number shown above.

Please type or print legibly. Failure to provide all information requested may result in a delay in the processing of your application.

1. **Name:** _____
Last First Middle or Maiden

2. **Social Security Number:** _____

3. **Preferred mailing address:** _____

NOTE: All mail will be sent to the address you list in item #3 without regard to any other address which may appear on this application or on the envelope in which it was mailed.

4. **Telephone:** Home _____ Work _____

5. **Date of birth:** _____ **E-mail address:** _____

6. **Do you possess a professional license, certificate, or registration issued by another state, jurisdiction, or territory?** _____ YES _____ NO

If yes, give license, certificate, or registration number and the name and address of the agency or jurisdiction issuing the license, certificate, or registration:

NOTE: An official statement of your status and disciplinary history must be mailed to this office directly from the issuing agency or jurisdiction. Contact the issuing agency and request that a verification of your status be mailed to our

office at Opticians= Registry, 1100 West 49th Street, Austin, Texas 78756-3183.

7. **Have you ever had your license, certificate, or registration revoked, cancelled, or suspended?**

_____ **YES** _____ **NO**

If yes, briefly state the reason(s): _____

8. **Have you ever been convicted of a felony or misdemeanor?** _____ **YES** _____ **NO**

Have you ever entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony or misdemeanor? _____ **YES** _____ **NO**

If you answered yes to either question, give date and attach a copy of the charges and disposition papers.

9. **In order to facilitate the review of your application materials, place a checkmark by the type of registration for which you are applying:**

_____ **Registered Spectacle Dispensing Optician**

- Enclose proof of having passed the examination administered by the American Board of Opticianry.
- Enclose proof of completion of five (5) classroom hours of continuing education offered or approved by the American Board of Opticianry. The hours must have been completed within three years prior to the date of application.
- Enclose a check or money order for \$55 payable to Texas Department of State Health Services.

_____ **Registered Contact Lens Dispensing Optician**

- Enclose proof of having passed the examination administered by the National Contact Lens Examiners.
- Enclose proof of completion of five (5) classroom hours of continuing education offered or approved by the National Contact Lens Examiners. The hours must have been completed within three years prior to the date of application.
- Enclose a check or money order for \$55 payable to Texas Department of State Health Services.

_____ **Dual Registration - Spectacle and Contact Lens Dispensing Optician**

- Enclose proof of having passed the examinations administered by the American Board of Opticianry and the National Contact Lens Examiners.
- Enclose proof of completion of ten (10) classroom hours of continuing education offered or approved by the American Board of Opticianry or the National Contact Lens Examiners. The hours must have been completed within three years prior to the date of application.
- Enclose a check or money order for \$95 payable to Texas Department of State Health Services.

10. **Primary Employment Setting**

Position _____

Place of Employment _____

Address (include zip code) _____

Telephone number _____

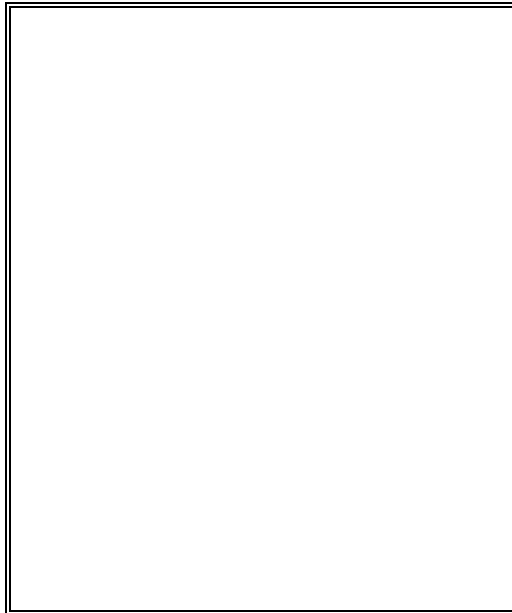
Dates of employment _____

11. **Work Experience** List positions held, type of work performed, employer-s name and address, and dates of employment for previous work experience in the field of opticianry. Enclose additional sheets if necessary.

PHOTOGRAPH SUBMISSION

All applicants for registration must complete this page.

1. Attach a full-faced, wallet-size photograph (minimum size 1 2" X 1 2") of applicant-s head and shoulders only. Use tape to secure photograph to page.
2. This photograph will be used in connection with your application for licensure or registration and for the purposes of complaint or violation investigation(s). It will not be made available to any person who grades your examination nor to any person who makes any decision concerning your employment.
3. Photograph must have been taken within the two-year period prior to application.
4. Cutouts, newspaper or magazine clippings, photocopies, etc. will not be accepted.
5. **Sign the photograph on the backside.** Sign and date this page as indicated.
6. Failure to follow these instructions will result in a deficiency notice and no action will be taken on your file until the deficiency is resolved.



2 2

Name: _____

Social Security Number: _____

Date: _____

CERTIFICATION
Please Read Carefully

In making application to the Texas Department of State Health Services for the issuance of a registration certificate, I agree to abide by the Opticians= Registry Act and the rules of the Texas Department of State Health Services implementing that Act. Upon issuance of a registration certificate, I agree to be bound by Section 129.3 of the rules, relating to Professional and Ethical Standards. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of the department and are nonreturnable. I have read the schedule of fees (Section 129.4 of the rules) and I understand that additional fees must be paid to keep the registration current.

I agree to hold the Texas Department of State Health Services and its employees, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the examination, the failure of the department to issue me a registration, or any other aspect of registration. I grant permission to the department to seek any information or references it deems fit in securing my credentials pertinent to this application.

I agree that, if issued a registration, upon the cancellation, revocation, or suspension of that registration, I shall return the registration certificate and the registration identification card to the department. I have read and fully understand Section 129.10 of the rules relating to changes of name or address and agree to report those changes to the department in writing within 30 days of such change.

The disclosure of a social security number is required under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social security numbers are confidential and will be used for identification and reporting purposes required by law.

The information which I have provided is truthful. I understand that providing false information of any kind may result in the voiding of my application and my failing to be granted a registration or the revocation of my registration.

Date

Signature of Applicant

BEFORE ME, the undersigned authority, on this day personally appeared
known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she had executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, _____.

Notary public in and for _____ County, Texas or

Signature of Notary

Printed Name of Notary

Commission Expiration Date